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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Oman

SUMMARY

The Executive Director presents the country programme strategy note for Oman for a programme of cooperation for the period 1997 to 2000.

As Oman has made great progress since 1990 and most of the mid-decade goals have been achieved, this will be the final regular country programme of cooperation. As such, it aims to put strong emphasis on capacity-building, particularly to strengthen the systems for planning and monitoring the situation of children and women, and to focus on social mobilization and communications for the transfer of knowledge and skills to the community to ensure the sustainability of the gains made to date. Support will be provided to national efforts and organizations which could assume from UNICEF the functions of monitoring the situation of children and women, advocating for their well-being and promoting knowledge on development issues after the year 2000. New modalities of cooperation also will be explored. The components of the programme, which are in line with the priorities established in the national programme of action, include health, nutrition, education, planning and social statistics, and communication and social mobilization.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Oman has made great strides in "keeping the promise" of the 1990 World Summit for Children. Most of the mid-decade goals have been achieved. Infant and under-five mortality rates (IMR and U5MR) have been reduced from 29 and 35 per 1,000 live births, respectively, to 23 and 29. Immunization rates are 96 per cent and above. Neonatal tetanus has been eliminated. All hospitals have been certified as baby-friendly. The use of oral rehydration therapy is over 80 per cent. The importation of uniodized salt has been banned and vitamin A supplementation for children at ages 9 and 15 months has been introduced. The net primary school enrolment rate has reached 83 per cent for males and 81 per cent for females (1994) and the gross enrolment rate is 96 per cent for males and 91 per cent for females. Furthermore, a national programme of action (NPA) has been prepared as the basis for achieving and sustaining the decade goals. The eradication of polio and elimination of measles by the year 2000 is planned, and preparations for ratification of the Convention on the Rights of the Child are at an advanced stage.

2. However, between 1980-1994, the population of Oman grew at the rate of 4.5 per cent per annum. The real value of per capita gross domestic product, which was $5,544 in 1980 and $5,435 in 1994, has declined. Since 1981, budget deficits have increased, and in 1993, the external debt reached $2,661 million. Thus, the Government is faced with a great challenge to sustain the gains that have been made to date.

3. There are also problems that still need to be addressed. The 7.0 fertility rate (1994) is high. Regional disparities in low birth weight range from 5 to 11 per cent. Perinatal death is 18 per 1,000 live births. Inadequate knowledge and care during pregnancy is a major cause of IMR. In 1994, the morbidity rate for acute respiratory infections (ARI) was about 702,000 cases. Approximately 48.5 per cent of pregnant women are anaemic. In 1994, 88 per cent of the doctors and 85 per cent of the nurses were expatriates. The prevention of disabilities and the care and integration of handicapped children have become priority concerns. Furthermore, primary schools need to be expanded to meet the rising demand. The quantitative achievements in education have yet to be matched by qualitative gains. Thus, the quality and efficiency of the education system need to be improved to reduce the high repetition rates of 10-13 per cent in primary school and 13-23 per cent in preparatory schools. More Omani teachers need to be trained to take over from the 53 per cent expatriate teaching corps. The illiteracy rate of 54 per cent (1993) among women needs to be reduced, and women need to be equipped with the knowledge and skills to improve their lives and that of their families. In addition, new problems that have emerged due to rapid social change, such as smoking, traffic and home accidents, need to be addressed.

4. In order to sustain the gains that have made to date and to address the problems that remain, as well as the new problems that have emerged, the Government plans to balance the budget during the period 1996-2000 and actively promote private sector involvement in financing and managing social services. As UNICEF and the World Health Organization (WHO) are the only two United Nations agencies with offices in Oman, no country strategy note has been prepared. However, UNICEF is coordinating its activities closely with WHO and also with the United States Agency for International Development through the Omani-American Joint Commission to ensure complementarity of support.

LESSONS LEARNED FROM PAST COOPERATION

5. Although major social services have become accessible to the majority of the population, they need to be made more efficient and effective. Qualitative achievements in health and education need to be accompanied by quantitative gains (i.e., reduction of mortality and morbidity, elimination of illiteracy and promotion of school completion). The disaggregation of data by gender, district and region is essential to help identify disparities and better target interventions. Problem-oriented studies and surveys are useful as they contribute to the identification of existing and emerging problems. The assessments of learning achievements also have been important as they indicate what needs to be improved in the quality and relevance of learning.

6. While community mobilization and involvement have enabled Oman to make considerable gains, the decline in infant and child mortality has resulted in the survival of more children with disabilities. Disabilities also are increasing due to traffic and home accidents. Thus, the prevention and care of child disabilities need more attention. In fact, there is an overall need to provide technical assistance to build national capacity in research, analysis and implementation of selected key interventions and to strengthen the database. Social service plans need to be based on more accurate assessments of the situation. Women have to be equipped with knowledge and skills. Hygiene education needs to be emphasized. Monitoring and evaluation also need to be strengthened in all programmes. Knowledge-based advocacy must be used increasingly as a tool for social mobilization. Moreover, intersectoral cooperation is essential to improve the impact of programme interventions. Additional support should be given to train nationals to provide a permanent pool of qualified Omani staff. The communities need to be further mobilized and involved in programme planning and implementation. The private sector also must become more involved in financing and managing social service programmes.

7. UNICEF advocacy has successfully kept children's issues high on the national agenda and has brought attention to hitherto unknown problems such as iodine and vitamin A deficiencies. It also has helped to identify the needs of vulnerable groups such as the disabled. Therefore, there is need to establish a national body to sustain these activities and to monitor child- and women-related indicators to ensure that the problems of children and women are given priority attention after the conclusion of the regular UNICEF-assisted country programme.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The objectives of this final UNICEF-assisted regular country programme are to (a) to help the Government address the disparities that remain in health, nutrition and basic education; (b) to strengthen social statistics, policy, planning and advocacy; and (c) to continue to mobilize the community to achieve the goals of the NPA and the national development plans. It also aims to develop new modalities of cooperation, well in advance, to facilitate a successful transition when the UNICEF regular programme comes to a conclusion in the year 2000.

9. In the health programme, IMR and U5MR will be reduced from the 1993 figures of 23 and 29 per 1,000 live births, respectively, to 15 and 23 by the year 2000. Efforts will be made to reduce the maternal mortality rate by the year 2000. The 98 per cent immunization coverage will be sustained. Poliomyelitis will be eradicated and measles will be eliminated. Morbidity due to moderate ARI and diarrhoea will be reduced to 134,000 and 100,000 cases, respectively. Information on hygiene and sanitation as well as on the adverse effects of smoking will be disseminated. The prevention of AIDS as well as the prevention and early detection of childhood disability will be promoted. Service coverage for children with disabilities will be increased from 2 per cent (1993) to 25 per cent, and will include the promotion of community-based care. The overall strategy is to empower families and communities with knowledge and skills to improve child and maternal health. Health staff will be trained to build sustainable national capacity. Data collection and analyses will be strengthened to promote planning based on more reliable information. The data will be disaggregated to target programmes to high-risk areas and reach the most vulnerable groups. Support will be given for the preparation of regional programmes of action for children. Knowledge-based advocacy and social mobilization will be supported to increase the demand for and use of social services.

10. The objective of the nutrition programme is to reduce mild and moderate malnutrition in children under five years of age from 12 to 8 per cent and the prevalence of low birth weight from 8 to 5 per cent in all regions. Support will be provided for the reduction of iron deficiency anaemia among women of child-bearing age from 48.5 per cent (1993) to 37 per cent and the virtual elimination of vitamin A and iodine deficiency disorders. The strategy is to raise public awareness about the importance of nutritious food and micronutrients. Community participation at all levels in needs assessment, analysis and action will be promoted. Regional and gender disparity will be reduced. National capacity will be built through the training of national staff. Women will be empowered to exclusively breast-feed their children for the first four months and to continue breast-feeding, with complementary food, until the child is two years of age. Progress towards the decade goals will be monitored.

11. The education programme aims to raise the net primary and preparatory school enrolment rates to 95 and 72 per cent, respectively, and to improve the quality and content of primary and preparatory education. The strategy is to (a) increase support for policy development, planning and analysis; (b) build national capacity in programme management, monitoring and evaluation; (c) monitor progress towards basic education goals; and (d) develop innovative methods to reach underserved children.

12. The social statistics, policy and planning programme aims to ensure that the problems of children and women remain high on the national agenda by strengthening the database and promoting knowledge-based advocacy for planning appropriate interventions. Disparities will be identified and programmes will be targeted appropriately. The strategy is to strengthen and expand national and decentralized databases for social planning, monitoring and evaluation and to build national capacity in data collection and analysis. Technical support and training will be provided for operational research and studies. Support will be given to promote quantitative and qualitative assessments, the disaggregation of data and the identification of cost-effective ways of providing services. Monitoring and evaluation also will be promoted.

13. The advocacy and social mobilization programme aims to keep children and women high on the national agenda. Social mobilization and the dissemination of information and knowledge needed to promote national intersectoral cooperation will be supported. The strategy is to establish a national body to fully assume advocacy and social mobilization roles for children and women so that the concern for women and children continues to be kept high on the Government agenda. Mass media and face-to-face communication will be used to empower parents and families with the knowledge and skills needed to improve the health, nutrition and growth of their children. Communities will be empowered by having access to information and training materials, and by the training of community workers and volunteers. The capacity of the National Women and Child Care Plan Task Force and National Community Development Programme will be strengthened to tap the immense potential of community support groups and community development workers in improving the health and quality of life of children and women.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2000 a/
(In thousands of United States dollars)

	General resources
Health	600
Nutrition	960
Basic education	960
Social statistics, policy and planning	650
Advocacy and social mobilization	830
Total	4 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.